

112

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105480
1. Entity Name
JR Latin Foods International, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 26 AM 10:11

02-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
736 NW 32nd Place
Suite, Apt. #, etc.

3. Mailing Address
City & State

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State

4. FEI Number
65-0971220
Applied For
 Not Applicable

Zip
33125

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Dominguez, Patricia
Street Address (P.O. Box Number is Not Acceptable)
9561 Fountainbleu Blvd
403
City
Miami FL Zip Code
33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* Patricia Dominguez DATE

January 1st Day Fee is \$150.00
April 1st Day Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

400040582714
08/27/04--01075--017 \$450.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other information provided.

SIGNATURE: X *[Signature]* Patricia Dominguez DATE

CR2E0348 (12/02)

8/26/04

2/2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$750.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002 thru 2004 or any other notice from the Division of Corporations in respect with the Corporation **JR LATIN FOODS INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.



PATRICIA DOMINGUEZ
PRESIDENT